

SEP 28 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24153

1. PLACE OF DEATH

County Hannibal Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 816

2. FULL NAME

Metilda Ann Gardner

(a) Residence. No. 107 North Carter St. 2. Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. S. Gardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Garshville Tenn.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm. Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pollie Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT Miss Frank Chandler
(Address) Clinton Mo

15. FILED Aug 9, 1927 Dr. E. C. Peelor
REGISTRAR by J. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1 1927, to Aug 7 1927 that I last saw him alive on Aug 7 1927, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS
Renal Calculi
131A
322

CONTRIBUTOR (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gemmalis
(Signed) _____, M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Churches Cemetery DATE OF BURIAL 8/9 1927

20. UNDERTAKER Vincent Hillman ADDRESS Clinton

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

